

VILLAGE OF WAPPINGERS FALLS

PERMIT APPLICATION FORMS

NOTICE TO ALL APPLICANTS When applying for a building permit please be advised that according to section 151-23 of the zoning code: It shall be unlawful for any person to use or permit the use of any building or premises or part thereof hereafter erected, relocated, altered, repaired, converted or extended, to change the use of an existing building or part thereof or to occupy or use land or to change the use of land for other than tilling the soil until a certificate of occupancy/compliance has been issued by the code enforcement officer/building inspector.

IN ADDITION NO PERMIT SHALL BE ISSUED TO ANY PERSON OR ORGANIZATION IF ANY VIOLATIONS ARE OUTSTANDING AT SAID LOCATION OR IF ANY FEES OR TAXES OR MONIES ARE OWED TO THE VILLAGE OF WAPPINGERS FALLS

Signature of Applicant

Code Enforcement Officer

Date

Date

VILLAGE OF WAPPINGERS FALLS

APPLICATION FOR A BUILDING PERMIT

NOTE: AN INCOMPLETE APPLICATION MAY DELAY THE TIMELY ISSUANCE OF YOUR PERMIT: PLEASE ENTER N/A IF A SECTION ISN'T APPLICABLE.

PART 1: GENERAL INFORMATION

1. Project Location and Information

Number and Street Address: _____

Current use of the property/building: _____

Proposed use of the property/building: _____

2. Owner Identification

Owners Name: _____

Address of owner: _____

City, State, Zip: _____

Phone Number: _____

3. Type of Construction or Improvements

___ New Building – Proposed use is _____

___ Conversion – Current use is _____ Proposed use is _____

___ Addition ___ Alteration ___ Repair/Replacement

___ Relocation ___ Demolition ___ Miscellaneous Structure or Equipment

4. Description of Project: _____

5. Square Footage of Area to be Constructed/Renovated: _____

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PART 2: DESIGNERS AND CONTRACTORS

1. **Architect/Engineer:** Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
2. **General Contractor:** Name: _____
Phone Number: _____
3. **Electrical Contractor:** Name: _____
Phone Number: _____
4. **Plumbing Contractor:** Name: _____
Phone Number: _____
5. **Mechanical Contractor:** Name: _____
Phone Number: _____
6. _____ **Contractor:** Name: _____
Phone Number: _____
-

PART 3: PROJECT LOCATION AND DETAILS

Please attach a sketch or plot plan!

A sketch of the work to be performed must be made a part of this application. The sketch must include the following:

1. Location of the proposed structure or addition showing the number of stories and all exterior dimensions;
2. The distance of the proposal from all lot lines;
3. The distance of the proposal from any structure including neighboring structures;
4. The depth of the proposed foundation or footers;
5. The maximum percentage of the lot to be covered by building(s);
6. Addition will be used as: ☐ Family Room; ☐ Living Room; ☐ Kitchen; ☐ Den;
☐ Bedroom; ☐ Bath ☐ Full -or- ☐ Half;
Other _____
7. Basement: ☐ Full; ☐ Partial; ☐ Crawl; ☐ Pier; ☐ Slab
8. Garage: ☐ Attached; ☐ Detached; Utilities: ☐ Electric; ☐ Gas; ☐ Other
9. Deck/Porch: ☐ Open; ☐ Covered; ☐ Enclosed; ☐ Screened; ☐ Other

**Village of Wappingers Falls
List of Inspections – Building Department**

POLICY ON CONSTRUCTION INSPECTIONS

Building Permit is, essentially, a license which allows for construction in accordance with the approved plans and specification. All requests for inspections shall be made two (2) business days prior to all the actual inspection. Depending upon work schedules, every effort will be made to perform the inspection within twenty four (24) hours of formal request. If the structure or site is not ready to be inspected at the agreed upon time, a civil penalty may be assessed against the property owner, permit holder or his/her agent or representative in the sum of Fifty (\$50.00) Dollars. In order to insure that the construction takes place in the manner in which it has been approved, the following inspections are required to be called for by the contractor and/or property owner:

FOOTINGS – When the excavation for the footings is completed, and before the footings are poured

FOUNDATIONS – (a) Poured Concrete – when forms and all required steel reinforcement are installed and before pouring concrete;

(b) Hollow Masonry Units – (Concrete Blocks) – when the foundation has been erected, with required anchor bolts installed, and before any backfilling has taken place

CONCRETE FLOORS AND SLABS – When sub-grade has been established and required steel reinforcement has been installed, and prior to the pouring of concrete

FRAMING (Preliminary) – When all framing has been completed, and prior to the installation of plumbing and heating “rough work”

FRAMING (Completed) – When the plumbing and electrical “rough work” has been completed, and any necessary bracing of the framing as a consequence of a pipe, conduit, or equipment installations has been completed

SHEATHING – Roof and wall sheathing prior to covering

INSULATION – When insulation and vapor barrier is installed and before drywall

DRYWALL – Before taping of fire rated assemblies and

FINAL – When all work is complete and before any occupancy of the building or structure

Failure to request and obtain the required inspection may subject the permit holder to a penalty not exceeding (\$500.00) and for continuation of such violation, to an additional penalty not to exceed (\$10.00) per day. In the case of renovations, repairs and alterations, some of these inspections may be suspended with. These cases will be dealt with in an individual manner.

Plumbing, Electrical and Heating Apparatus Installation contractors (if any) are responsible for arranging all necessary inspections of their work with the Plumbing, Electrical and Fire Inspector.

NO CERTIFICATE OF OCCUPANCY will be issued for any Building Permit until all required final inspections have been completed and the work has been accepted.

Fire Inspector, Building Inspector and Plumbing Inspector can be reached at 297-5277

The following are the ONLY Electrical Agencies accepted by the Village of Wappingers Falls:

New York Board of Fire Underwriters: Contact – Pat Decina (845) 298-6792

Atlantic Inland: Contact – Bill Jaycox (845) 876-8794

Commonwealth Electrical Inspection Agency: Contact – Ron Henry - 562-8429

New York Insp. Agency – Contact: Tom Lejeune – 373-7308

Middle Department Inspection Agency – Contact: David J. Williams – 1-800-USE-MDIA

Electrical Underwriters of NY, LLC: Contact: - Ernest C. Bello, Jr., - (845) 569-1759

Z3 Consultants, Inc.: Contact – Gary Beck – 471-9370

VILLAGE OF WAPPINGERS FALLS, N. Y.

PLOT PLAN

ZONING/BUILDING PERMIT # _____

DATE _____, 19__

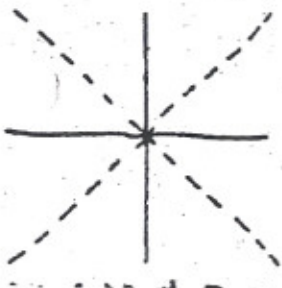
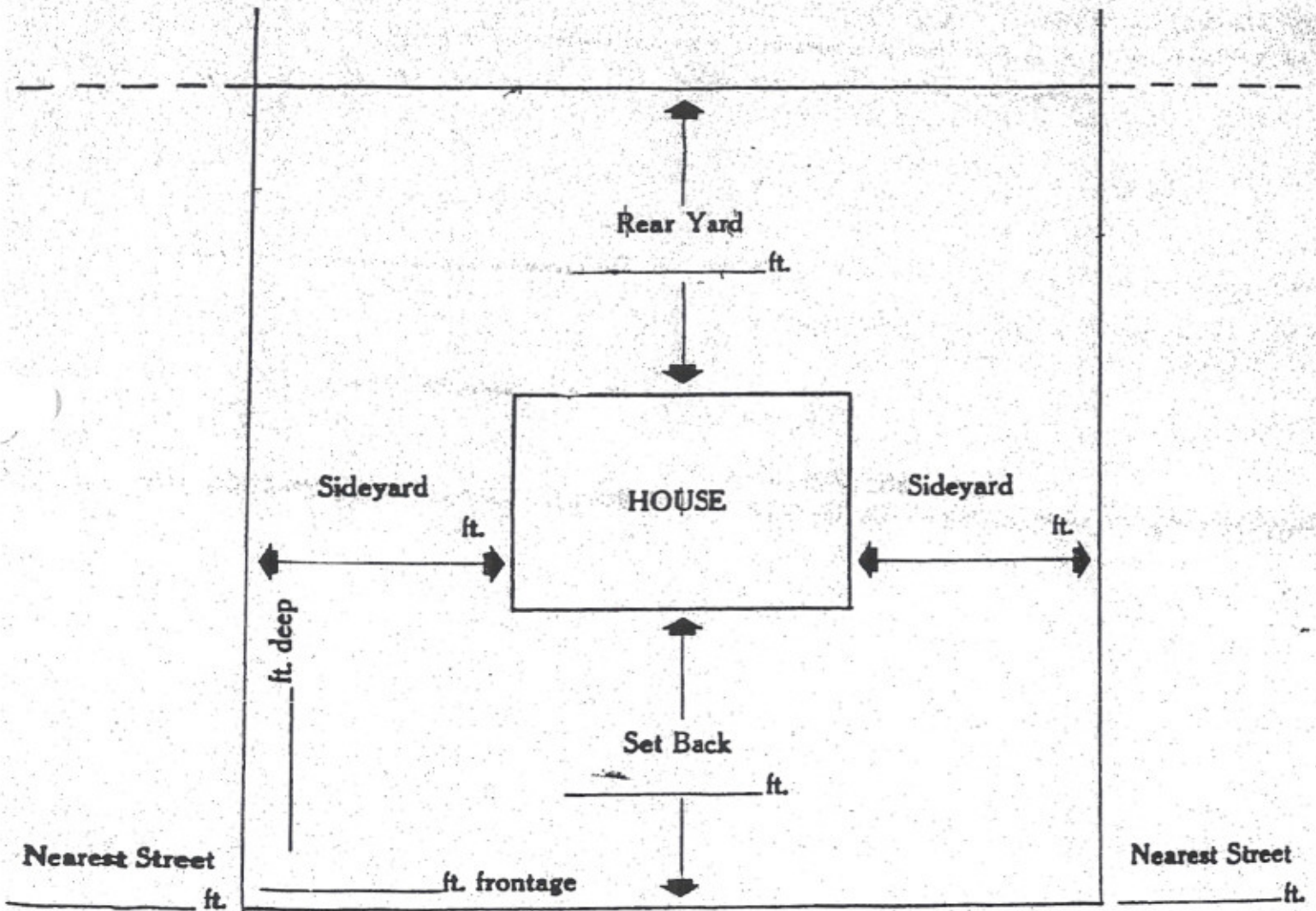
LOCATION N S

E W SIDE _____ STREET/AVENUE

HOUSE NUMBER _____ LOT NUMBER _____ ZONING DISTRICT _____

INTERIOR OR CORNER LOT _____ ADDRESS _____

OWNER _____



Information
Supplied by _____

APPLICATION FOR A BUILDING PERMIT (PG. 3)

IMPORTANT NOTICES: READ BEFORE SIGNING.

1. Work conducted pursuant to a building permit must be visually inspected by the Code Enforcement Office and must conform to the New York State Uniform Fire Prevention and Building Code, the Code of Ordinances of the Village of Wappingers Falls and all other applicable codes, rules or regulations.
2. It is the owner's responsibility to contact the Code Enforcement Office at 845-297-5277 – Monday through Friday from 9:00 a.m. to 3:30 p.m. at least 48 hours before the owner wishes to have an inspection conducted. More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from visual inspection by additional work (i.e., electrical work later to be covered by a wall).

DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION IF SUCH "INTERNAL WORK" HAS NOT BEEN INSPECTED. Otherwise, work may need to be removed at the owner's or contractor's expense to conduct the interior inspection. Close coordination with the code Enforcement Office will greatly reduce this possibility.

3. OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICE TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, **PROVIDED, HOWEVER, THAT SUCH INSPECTION(S) IS(ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).**
4. New York State law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker's compensation and Disability Insurance certificates are attached to this application or are on file with the Bureau of Fire Prevention and Inspection Services. If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and/or Disability Benefits, the contractor must complete form C-105.21 attached hereto.
5. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued.
6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
7. This permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.
8. The building permit card must be displayed so as to be visible from the street nearest to the site of the work being conducted.

I, _____, the above-named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under the penalty of perjury that all statements made by me on this application are true.

(Signature) _____

Date: _____

**AFFIDAVIT THAT WORKER'S COMPENSATION AND DISABILITY
BENEFITS COVERAGE ARE NOT REQUIRED**

STATE OF NEW YORK)

COUNTY OF _____

_____, being duly sworn, deposes and says:

(Applicant's Name)

1. I reside at _____

(CHECK BOX OPPOSITE EITHER 2 OR 3 AND COMPLETE THAT PARAGRAPH)

☐ 2. I have engaged _____ with offices at

(Name of contractor)

_____ to construct a _____

(Address)

(Type of building addition or other work)

at _____ which activity requires the issuance of a

(Site address)

building permit pursuant to the New York State Uniform Fire Prevention and Building Code. Said contractor has advised me that no Worker's Compensation Insurance of Disability benefits Insurance is required because he/she is an individual owner or partner with no employees and is not a corporation.

OR

☐ 3. I have not engaged an employer or any employees as those terms are defined in Section 2 of the Worker's Compensation Law to perform the work relating to the requested Building Permit as,

a. I will be doing the work personally without employing any employees, or

b. The work will be performed for me by _____

who will not receive any compensation from me for performing this work.

4. I make this Affidavit knowing that it will be relied upon by the Building Inspector in insuring compliance with Section 125 of the General Municipal Law of the State of New York. I understand that making a false statement under oath is perjury for which I may be prosecuted.

(Applicant's signature)

Sworn to before me this

_____ day of _____, _____

(Notary Public)

My commission expires: _____ (Date)

> COST REVIEW FOR BLDG PERMIT <

APPL # / BP # _____

SITE LOCATION _____

OWNER NAME _____

GRID # _____

NEW CONSTRUCTION 0

RENOVATION O

RESIDENTIAL 0

COMMERCIAL O

MANUFACTURED HOME 0

OCCUPANCY CLASSIFICATION

ALTERATION &
STRUCTURAL REPAIRS 0

COMMERCIAL _____

SQ FT RATE: _____

SQ FT RATE: _____

ST FT: _____ x RATE CHARGE _____ = FEE \$ _____

OPEN DECK

SQ FT _____ x RATE CHARGE _____ = FEE \$ _____

COVERED PORCH

SQ FT _____ x RATE CHARGE _____ = FEE \$ _____

GARAGE

SQ FT _____ x RATE CHARGE _____ = FEE \$ _____

ADDITIONS

SQ FT _____ x RATE CHARGE _____ = FEE \$ _____

OTHER MISC FEES: TYPE: TYPE: _____

FEE \$ _____

TYPE: _____

FEE \$_____

TYPE: _____

FEE \$ _____

TOTAL \$_____

DEPOSIT \$ _____

TOTAL FEE DUE: \$_____

Date Pd in Full: _____ **Receipt No.** _____